

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101578684

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			AFTER		
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TOTAL DEP.								
TOTAL CLAIMS								

AS FILED	AFTER		AFTER		AS FILED			
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